<table>
<thead>
<tr>
<th>Date of Meeting</th>
<th>28th March 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report for</td>
<td>Trust Board of Directors – Public or Private</td>
</tr>
<tr>
<td>Report from</td>
<td>Karen Dunderdale, Director of Operations</td>
</tr>
<tr>
<td>Contact officer</td>
<td>Claire Phillips, Associate Chief Operating Officer</td>
</tr>
<tr>
<td>Subject</td>
<td>Eliminating Mixed Sex Accommodation (EMSA) Declaration of Compliance. Also referred to as Delivering Same Sex Accommodation (DSSA).</td>
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<tr>
<td>Purpose of the Paper:</td>
<td>For Decision</td>
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<tr>
<td>Executive summary (Please include a brief summary of the paper, key points &amp; any risk issues and mitigating actions where appropriate)</td>
<td>The report confirms the Trust has in place a Mixed Sex Accommodation Policy, and is working towards full compliance, concentrating on training, awareness, and escalation</td>
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<tr>
<td>Have staff side been consulted on the proposals?</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Have the relevant service users/carers been consulted on the proposals?</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Are there any financial consequences arising from the recommendations?</td>
<td>Yes - £300 per patient breach</td>
</tr>
<tr>
<td>If yes, have these been agreed with the relevant budget holder and director of finance, and have any funding issues been resolved?</td>
<td>Yes</td>
</tr>
<tr>
<td>Are there any legal implications arising from this paper that the Board need to be made aware of?</td>
<td>Failure to comply with the required standards may lead to fines and compliance/enforcement action by the Care Quality Commission (CQC)</td>
</tr>
<tr>
<td>Where relevant, has proper consideration been given to the NHS Constitution in any decisions or actions proposed?</td>
<td>Yes</td>
</tr>
<tr>
<td>Where relevant, has proper consideration been given to sustainability implications (quality &amp; financial) &amp; climate change?</td>
<td>Yes</td>
</tr>
<tr>
<td>The proposals or arrangements outlined in this paper support the achievement of the trust objective(s)</td>
<td>Ability to provide services that are safe. Compliance with quality priorities.</td>
</tr>
</tbody>
</table>
| THE PROPOSAL OR ARRANGEMENTS OUTLINED IN THIS PAPER ENSURE COMPLIANCE WITH THE REGULATORY OR GOVERNANCE REQUIREMENTS LISTED | Members are assured of the Trust’s continued commitment towards compliance.  
Compliance statement to be up-dated on the Trust’s public website by 1st April 2017.  
EMSA to be in the Trust’s Performance Dashboard Report to ensure ongoing monitoring. |
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<tr>
<td>THE PROPOSALS OR ARRANGEMENTS OUTLINED IN THIS PAPER TAKE ACCOUNT OF REQUIREMENTS IN RESPECT OF EQUALITY &amp; DIVERSITY</td>
<td>YES</td>
</tr>
<tr>
<td>ACTION REQUIRED BY THE BOARD</td>
<td>The Board is asked to approve to publish the annual declaration of compliance on the Trust’s website (with effect from 1st April 2017) in line with Department of Health Guidance.</td>
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Delivering Single Sex Accommodation (DSSA) – March 2017

1. Introduction

1.1. Patients and the public expect their privacy and dignity to be respected whilst in hospital. Single sex accommodation is a visible expression of the NHS commitment to the subject. No ward or department is exempt from the need to protect patients’ privacy and dignity.

1.2. The NHS commenced its commitment to Eliminating Mixed Sex Accommodation (EMSA) in 2010-2011. The NHS Operating Framework for 2012-13 confirmed that all providers of NHS funded care are expected to eliminate mixed sex accommodation except where it is in the overall best interest of the patient or reflects their personal choice, in accordance with the definitions set out in the Professional Letter, CNO/2010/3.


1.4. Elimination of mixed sex accommodation means ensuring that sleeping accommodation, including areas where patients are admitted and cared for on beds, trolleys, even where they do not stay overnight, the use of bathroom and toilet facilities, are not shared by patients of the opposite sex. This applies to patients of all ages who are admitted to any areas of our hospitals. This includes all wards, admissions and assessment units (including clinical decision units), day surgery, endoscopy units, cardiology day case unit and children’s services. The exception might be in the case of procedures where patients are not required to undress, or in cases of patient choice.

1.5. There are situations where it is clearly in the patient’s best interest to receive rapid or specialist treatments, and same sex accommodation is not the immediate priority. In these cases, privacy and dignity must still be protected. This would apply to such places as critical care units. However as soon as the acceptable justification for mixing of sexes ceases to apply (ie the patient no longer requires rapid or specialist treatment) the patient must be transferred to single sex accommodation.

1.6. Patients who are not admitted to hospital ie who attend A&E or Out Patients, or attend for a non-admitted procedure are not subject to the necessity to provide single sex accommodation, however privacy and dignity are of paramount importance at all times.

2. Reporting

2.1. All breaches of sleeping accommodation must be reported, for each patient affected, via the Unify system. The organisations reporting systems have been established. Hospitals have to pay £300 for each day a patient is kept in mixed-sex accommodation.

3. Progress to date

3.1. A Privacy & Dignity Policy for the Trust is in place, and is available on the Trust intranet and internet site. This includes the requirement for any breaches of privacy and dignity to be reported as clinical incidents and escalated to the host CCG for discussion.
3.2. Additionally, the Mixed Sex Occurrence Policy was refreshed in 2016 which details the Trusts processes and arrangements for reporting an occurrence (clinically justified) of mixed sex accommodation together with the definition of a breach (non-clinically justified), which will impose a financial penalty.

3.3. The internal mixed sex occurrence report form was reviewed in 2016/17, and is being amended further following user feedback to ensure it clearly differentiates clinically justified occurrences from those not clinically justified. Should a mixed sex breach occur, this will be submitted onto datix.

3.4. There is a multidisciplinary group who review any incidents reported from the previous week, and agree action plans, and monitor the implementation of those.

3.5. During April – February 2017, the Trust has undertaken a programme of work to ensure that mixed sex accommodation is mitigated, however, has declared 9 index patients culminating in 32 breaches of mixed sex accommodation. These have all been attributed to patients receiving care in a critical care environment, who then have an improved condition, and are able to be stepped down to general wards, but have breached the recently reduced time period of 4 hours to find an appropriate general bed.

3.6. Information available internally in policies and externally through patient information articulates that the Trust considers mixing of the sexes as the exception and not the norm. This information has been promoted through the work of the Matrons and cascaded to staff via ward meetings. It has formed part of oncall manager training, as well as at the care camp for all new recruits. Respect and Dignity are also a focus of the annual Ward Review process.

4. **Patient experience**

4.4. The Patient Experience Action Group has been re-launched, chaired by the Deputy Chief Nurse. This group monitors the outcomes from national and local patient satisfaction surveys and develops action plans to improve standards of care and oversee implementation of the action plans.

4.5. Work continues in the area of gathering real time data regarding the patients experience through monthly real time patient surveys during their admission, led by the Quality Matrons and recorded on the nursing dashboard.

4.6. The nursing dashboard has several patient experience indicators providing real time feedback of the patients' experience, including maintenance of privacy and dignity.

5. **Estates**

5.1. The environment in which someone is cared for can have a direct impact on their sense of self-worth and autonomy. The Trust in accordance with guidance issued since 2007 (CNO 2007), NHS Institute for Innovation and Improvement (2007), has been working to improve privacy and dignity by the elimination of mixed sex accommodation within clinical facilities, particularly focusing on ensuring that men and women have separate sleeping areas and separate toilets and bathrooms that they can reach without having to pass through opposite sex areas.

5.2. Delivery of Single Sex Accommodation is assured in the planning of any new capital schemes, this is highlighted in the Trust Privacy & Dignity policy and has been evidenced in refurbishment schemes. There is a continued drive to ensure signage across the organisation ensures compliance in terms of single sex washing and toilet facilities and single sex sleeping facilities.
6. **Assurance to the Board**

6.1. The Mixed sex accommodation group have continued work to embed the policy and escalation process for staff through the following:

- review individual cases weekly
- identify lessons learned and share with staff through face to face conversations and written detail
- Introduced Web V electronic alerts to operational teams occur should a patient be moved into a mixed sex environment
- Developed a training element for new recruits and on-call managers delivered via face to face presentation and interactive dialogue

7. **Next steps**

7.1. Alongside continuing to refresh communications in relation to the policy and escalation process the group is:

- Currently reviewing the policy and reporting tools in line with staff feedback.
- To undertake a wider communication plan to all staff following the amendments to the reporting tools
- To ensure respect and dignity issues remain a focus in the Ward Review process
- To continue to monitor the processes in place to ensure mixed sex occurrences are analysed and acted upon
- To ensure the Trust provides continuous measurement of the patient experience and improvement actions are monitored via the Patient Experience action group
- To continue to ensure there are robust processes in place to ensure Root Cause Analyses are reviewed and acted upon
- Review the training package with participant feedback

8. **Recommendations**

8.1. It is recommended that the Board note the content of this report and accept this is an accurate self-assessment which confirms the Trust intention to continue to work towards a declaration of compliance with DSSA.

8.2. This declaration will be formally recorded for public, patient and stakeholders to see.
Appendix 1

Declaration of Compliance

Northern Lincolnshire & Goole NHS Foundation Trust is pleased to confirm that we continue to respect our patients privacy and dignity and are virtually compliant with the Government’s requirement to eliminate mixed-sex accommodation, except when it is in the patient’s overall best interest, or reflects their personal choice.

We have the necessary facilities, resources and culture to ensure that patients who are admitted to our hospitals will only share the room where they sleep with members of the same sex, and same-sex toilets and bathrooms will be close to their bed area.

Sharing with members of the opposite sex will only happen when clinically necessary (for example where patients need specialist equipment such as in Coronary Care, Intensive Care, High Observation Bays, or when patients actively choose to share (for instance children services). For people who sleep in shared spaces with people of the same sex, Trust staff will do everything possible to ensure dignity and privacy.

If our care should fall short of the required standard, we will report it. We will also set up an Assurance mechanism to make sure that we do not misclassify any of our reports.